The Naturopathic Method of Reducing Dislocations after the Great French Physician Le Grange

DR. F. W. COLLINS

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Badly Hurt in a 24-Foot Fall When His Ladder Breaks

While at work on a ladder painting a house at 78 Chelsea Avenue, George Kane, of 66 Orsdale Terrace, East Orange, N. J., was thrown twenty-four feet to the ground by the breaking of the ladder. It is believed that his back was broken. Kane was taken to the City Hospital. His condition was serious.—*Newark Evening News,* July 10, 1919.

What Happened at the Hospital.

What happened at the hospital after Kane arrived as mentioned in the above quoted item from the *Newark Evening News* is the most interesting part of the story.

The details are here given as they came to the Health Builder direct from Dr. F. W. Collins, dean of the Mecca College of Chiropractic, Newark, N. J., who handled Kane's case and heard his story.

"Mr. Kane had been lying in the City Hospital for several weeks, when he discovered that he had a bump sticking out of his spine and one morning he rose early and went around feeling the spines of the patients of the ward with him and found that he was the only one who had the bump.

"While he was feeling the patients' spines, the nurse came in and asked what he was doing. He told her that he had discovered this bump on his spine and was trying to find out if the other patients had bumps on their spines. The nurse ordered him back to bed and called in the physician. The physician called in several other doctors and they informed Mr. Kane that they had done all they could for him and to go home and go to bed for three or four months.

"Someone advised him to go to a chiropractor. With a nurse's assistance he was put into a taxicab and driven to my office, which he entered with the aid of the nurse, a crutch and a cane. It took more than thirty adjustments to get him in condition to return to work and it has now been two years since I discharged the case as well, and he is still at work."

The Naturopathic Method

DR. F. W. COLLINS

Consulting Drugless Physician of America

President of American Academy of Medicine for the study of the destructive value of drugs, serums and vaccines.
Graduate of the College of Medicine and Surgery.
Graduate of the Philadelphia College of Surgery.
Member of the Allied Medical Associations of America.
Member of the Independent Medical Association of America.
Graduate of the New Jersey College of Osteopathy.
Graduate of the Philadelphia College and Infirmary of Osteopathy.
Life member of the Philadelphia Osteopathic Hospital.
Life member of the Vesailus Anatomical Society of the Philadelphia College of Osteopathy.
Ex-President of the Hudson County Osteopathic Society.
Chairman of the Legislative Committee Essex County Osteopathic Society.
Member of the New Jersey Osteopathic Association.
Graduate of the D. D. Palmer School of Chiropractic.
Graduate of the Chiropractic College, San Antonio, Texas.
Founder of the New Jersey College of Chiropractic.
Dean of the Famous Mecca College of Chiropractic, the Shrine of Chiropractic.

Member of the New Jersey Chiropractic Association.
Member of the Educational Chiropractic Society of New Jersey.
Member of the Independent Chiropractic Association of New Jersey.
Member of the New York Chiropractic Society.
Graduate of the American College of Naturopathy.
Graduate of the United States School of Naturopathy.
Vice-President of the American Naturopathic Association.
Member of the New Jersey Naturopathic Association.
President of the American Drugless Hospital Association and White Cross Society for First Aid to the Injured.
Secretary of the National Association of Drugless Practitioners of the United States of America.
Honorary member of many educational societies, active member in many fraternal societies.
The first Osteopath, the first Chiropractor, in fact, the first drugless physician to receive the nomination for President of the United States of America.
A regular licensed Physician and Surgeon, licensed Osteopath, licensed Chiropractor, registered Naturopath.
President of the American Academy of Chiropractic Research.

Registered practitioner of methods other than drug giving, useful for the prevention of disease and treatment of the sick.
NATUROPATHY—a system of Physiological Therapeutics.

DR. F. W. COLLINS

The Naturopathic Method

of

Reducing Dislocations

after the

Great French Physician

Le Grange

By

F. W. Collins, M. D., D. O., N. D., Ph. C.

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DEDICATION

This work, the result of many and various practices in the field of the Healing Art, is dedicated to my son Frederick Alderton Collins. With a father's love.

F. A. C. (3 years of age) taking the nature cure at the Dr. B. Lust's "Yungborn," Butler, N. J., June, 1922.

Be MORE than his dad,
Be a chum to the lad;
Be a part of his life
Every hour of the day;
Find time to talk with him,
Take time to walk with him,
Share in his studies
And share in his play;
Take him to places,
To ball games and races,
Teach him the things
That you want him to know;
Don't keep your heart from him,
Don't live apart from him,
Be his best comrade,
He's needing you so.

—*Edgar A. Guest.*

PREFACE

The reduction of dislocations of the shoulder and hip-joints, as taught in the United States School of Naturopathy and the New Jersey College of Osteopathy, under the master of osteological adjustment, F. W. Collins, M.D., D.O., N.D., Ph.C., is thoroughly illustrated and explained in this book.

The Naturopathic method of reducing dislocations of the shoulder and hip-joints, after the great French physician, LeGrange, and as demonstrated by Dr. Ellis Whitman in many of the leading medical and naturopathic colleges in England, France, Germany, Japan and the United States, is considered very superior to the other methods of reduction now in use, and these methods have been corrected and improved upon by Dr. F. W. Collins.

The superiority of this method lies in the fact that no unnecessary movements are used, and the head of the femur or humerus is replaced without any of the torn ligaments or nerves getting caught in the socket.

Dr. LeGrange died before completing his book, and his method has never been given to the medical or drugless professions, except through the personal demonstrations of Dr. Whitman and Dr. Collins.

With the LeGrange and Collins method, no anesthesia is necessary.

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OTHER BOOKS BY DR. COLLINS

Dr. F. W. Collins Book "SYSTEM OF PAINLESS ADJUSTING" will be ready about February 7th, 1924. Price $5.00 net. Advance orders with check inclosed $4.00 a copy.

Dr. F. W. Collins book "NATUROPATHIC TONIC TREATMENT" will be ready about April 7th, 1924. Price $5.00 net. Advance orders with check inclosed $4.00 a copy.

Dr. F. W. Collins "IRODOGNOSIS" 2 books $5.00 each, wall eye chart $5.00. All three ordered at one time will be $10.00.

Dr. F. W. Collins "WONDERS OF THE HUMAN EYE" ..... $.50

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Dr. F. W. Collins "DIET CHART" ..... .25

"ORIGINAL OSTEOPATHIC TECHNIQUE" by Dr. Andrew Taylor Still. Modernized by Dr. Charles F. Haverin and Dr. F. W. Collins. Address,

Dr. F. W. COLLINS
143 Roseville Avenue
Newark, N. J.

The Naturopathic Method

Figure 1.

ANTERIOR OR SUB-CLAVICULAR—

The head of the humerus is thrown completely out of the Glenoid Cavity, lies upon the thorax, below the clavicle and beneath the Pectoralis Major.

DIAGNOSIS—

Arm is at right angle, with elbow pointed out, hand hangs with palm inside. See position of head of humerus, Fig. 1; see position of arm in Fig. 2; fingers of operator pointing to head of humerus in Fig. 3.

Figure 2.

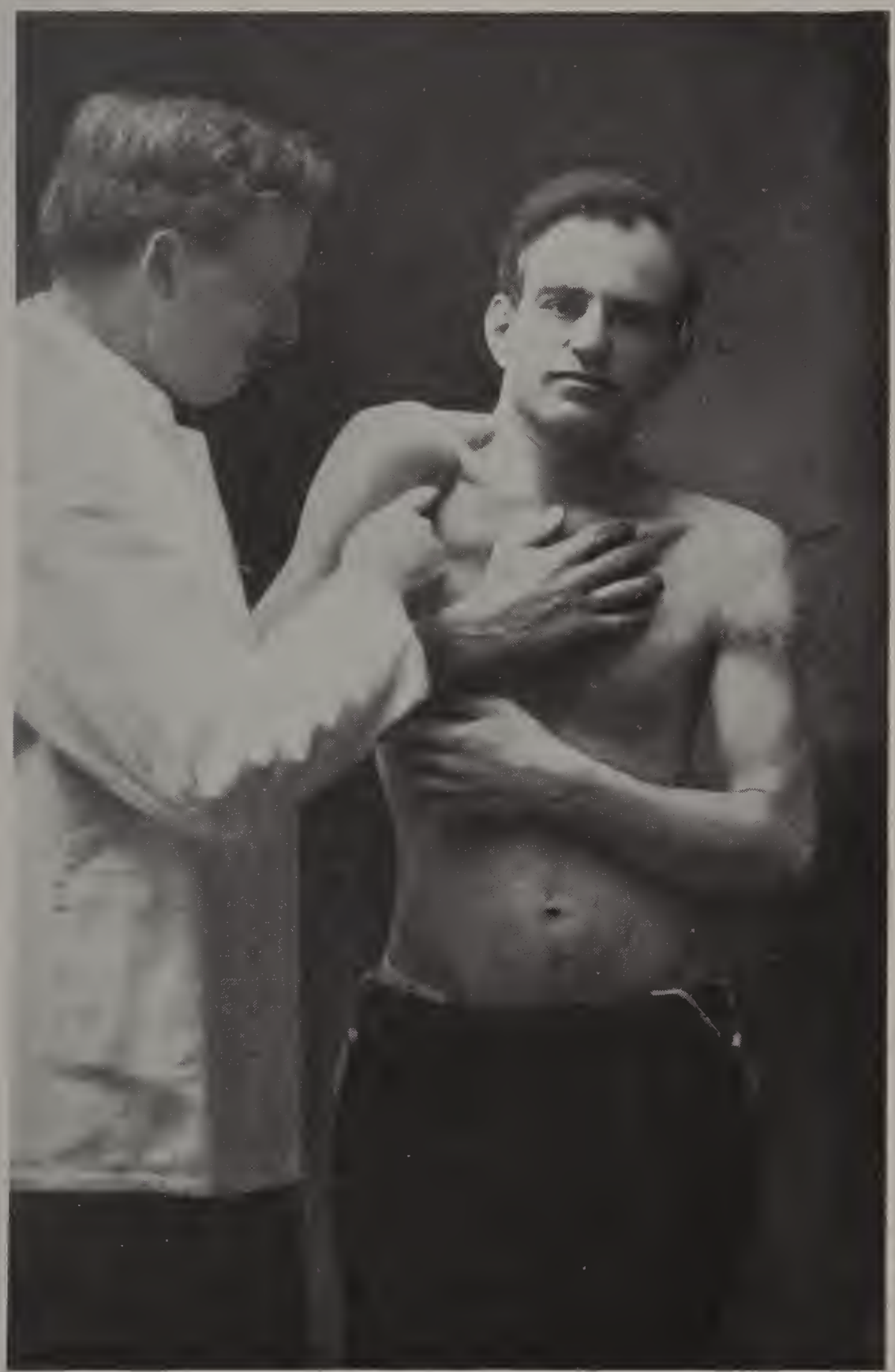


Figure 3.

REDUCTION—

Place hand upon the head of humerus, other hand grasping wrist. See Fig. 4; raise arm straight from body anterior to level with shoulder. See Fig. 5; at same time press lightly on head of humerus and carry arm outward and down. See Figs. 6 and 7 and note difference in length of arms in Figs. 4 and 7.

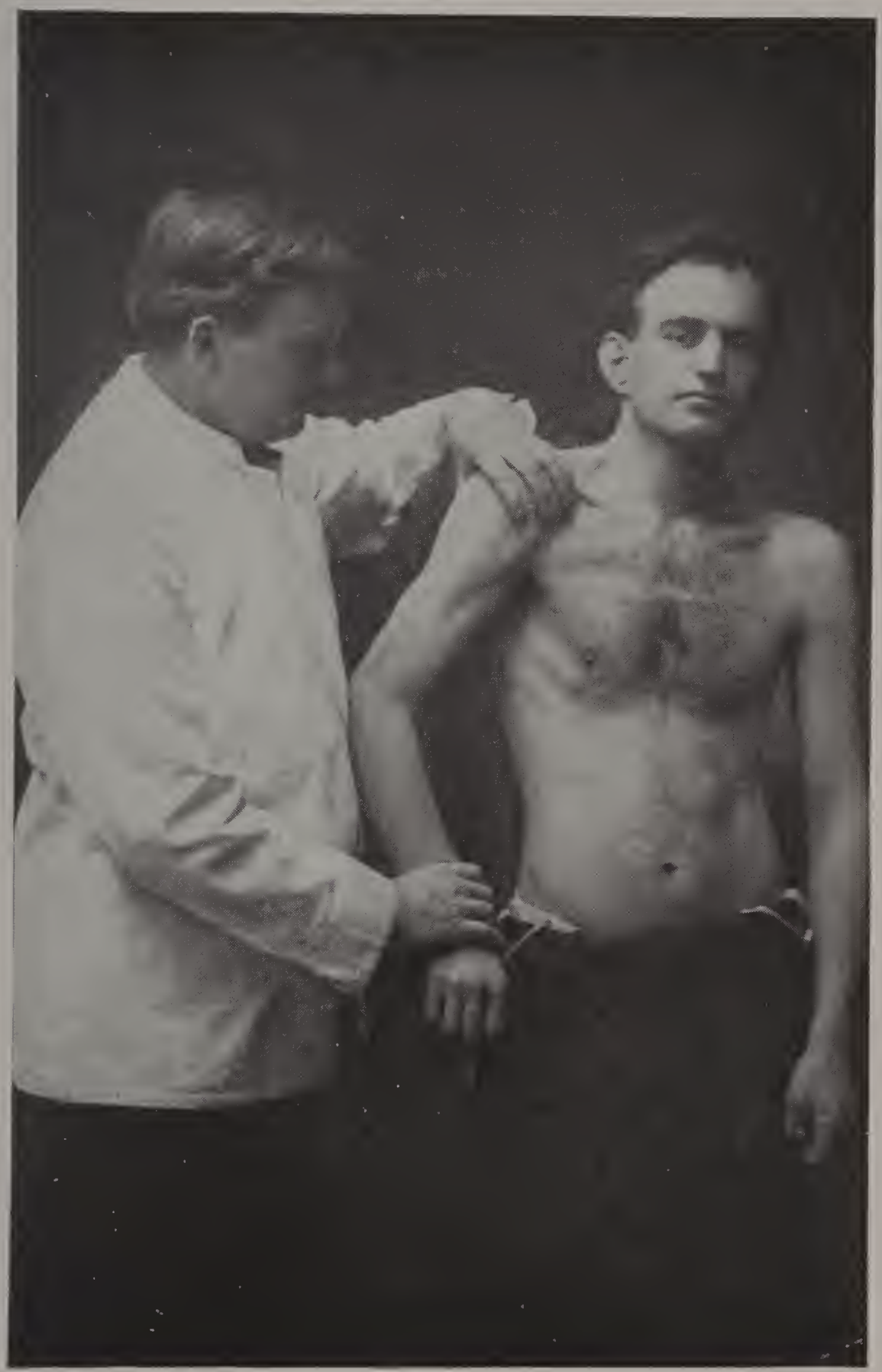


Figure 4.

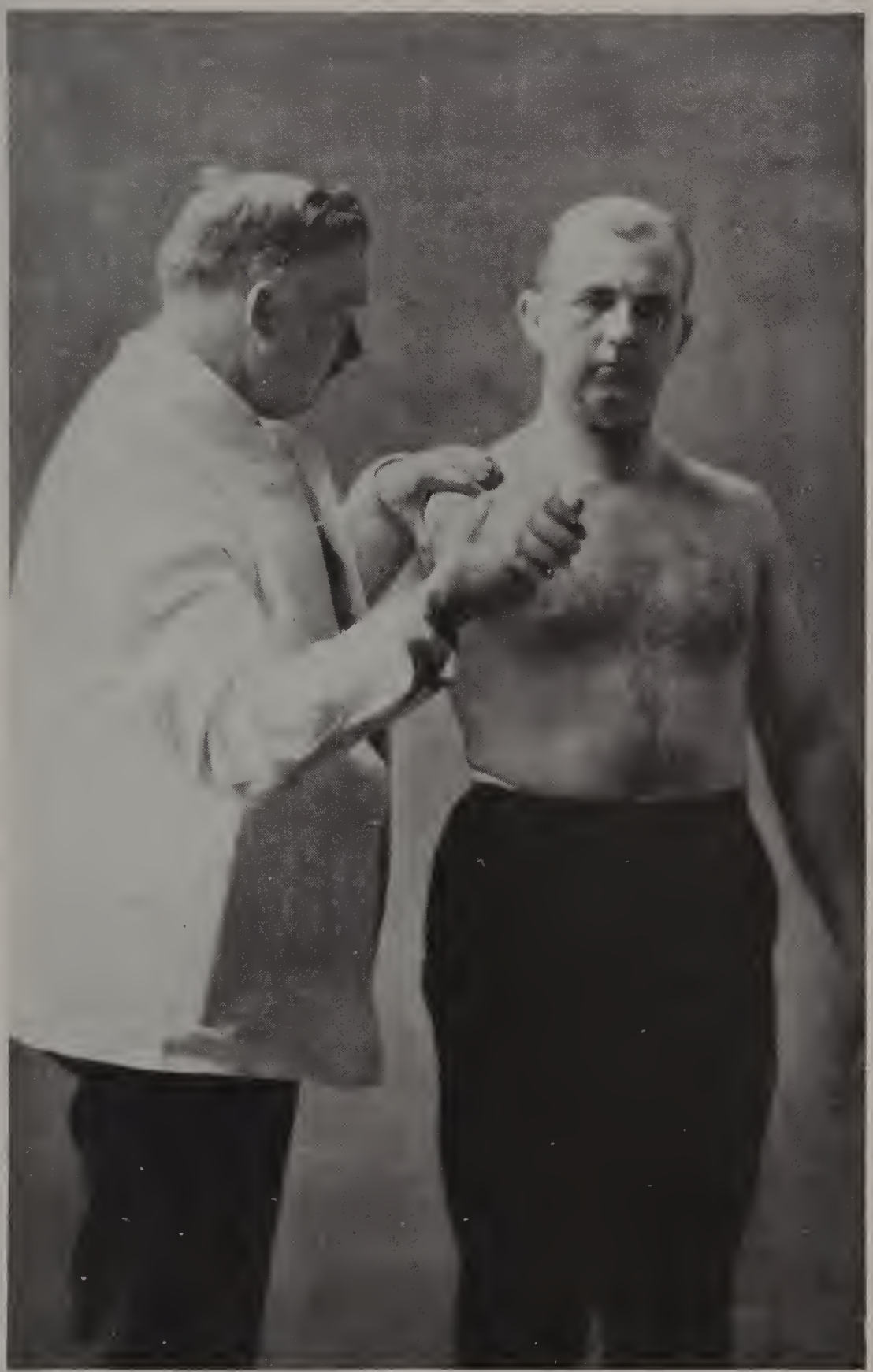


Figure 5.

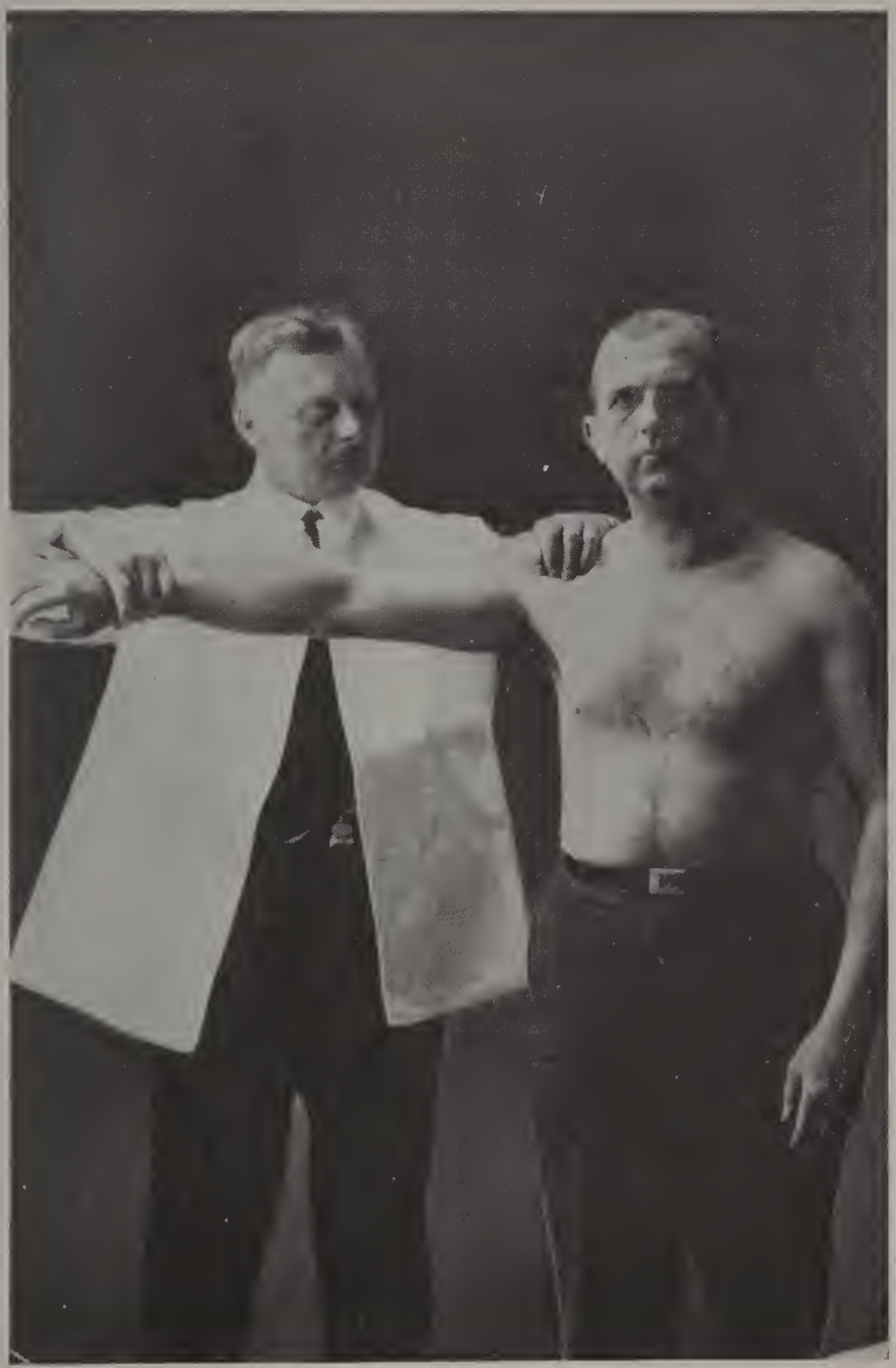


Figure 6.

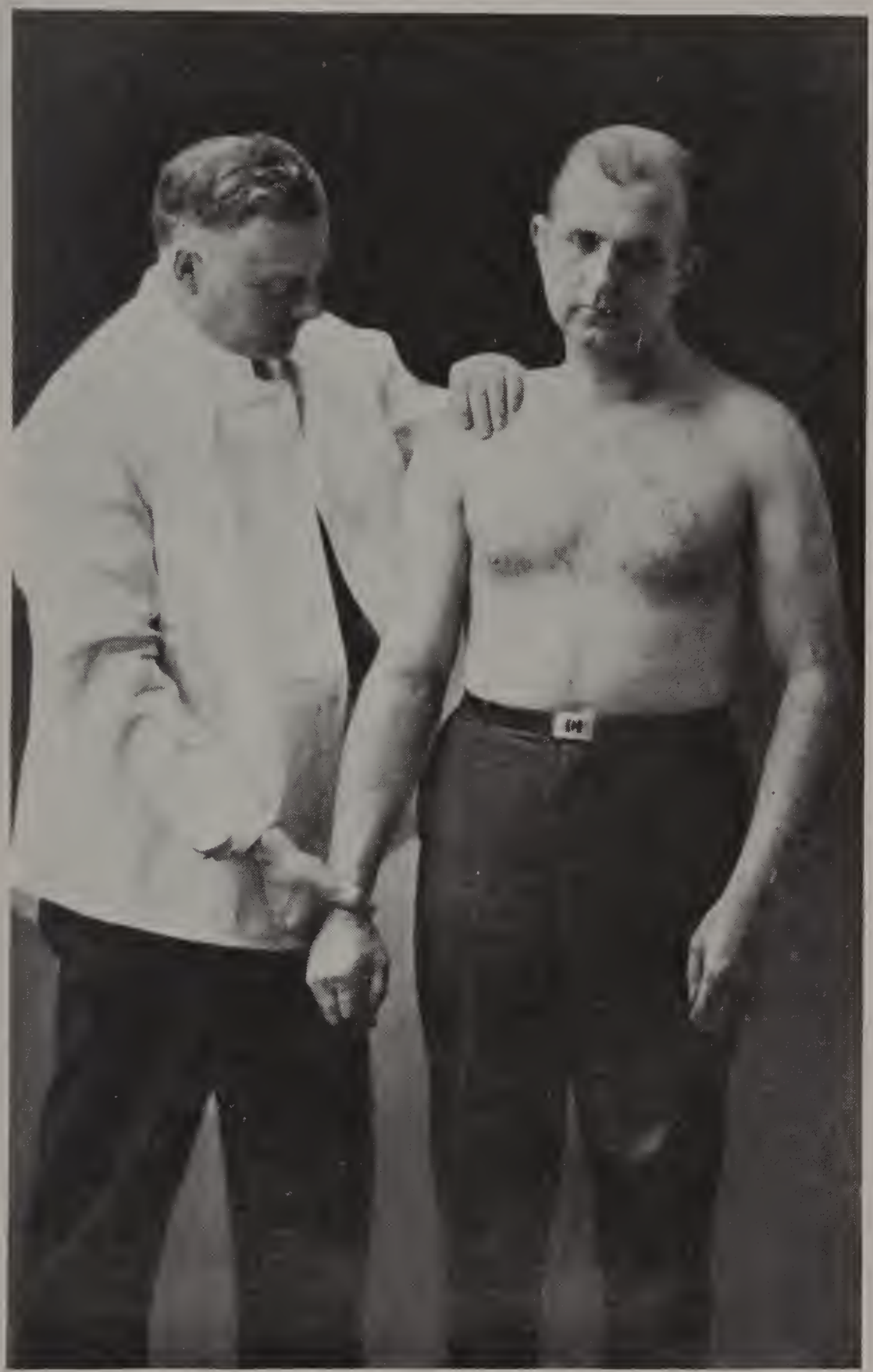


Figure 7.

SUBGLENOID—

Depression of head of humerus which lies in axilla, below the glenoid fossa. Fig. 8.

Figure 8.

DIAGNOSIS—

Elbow is horizontal with the shoulder, thumb is pointed toward the clavicle. Fig. 9.

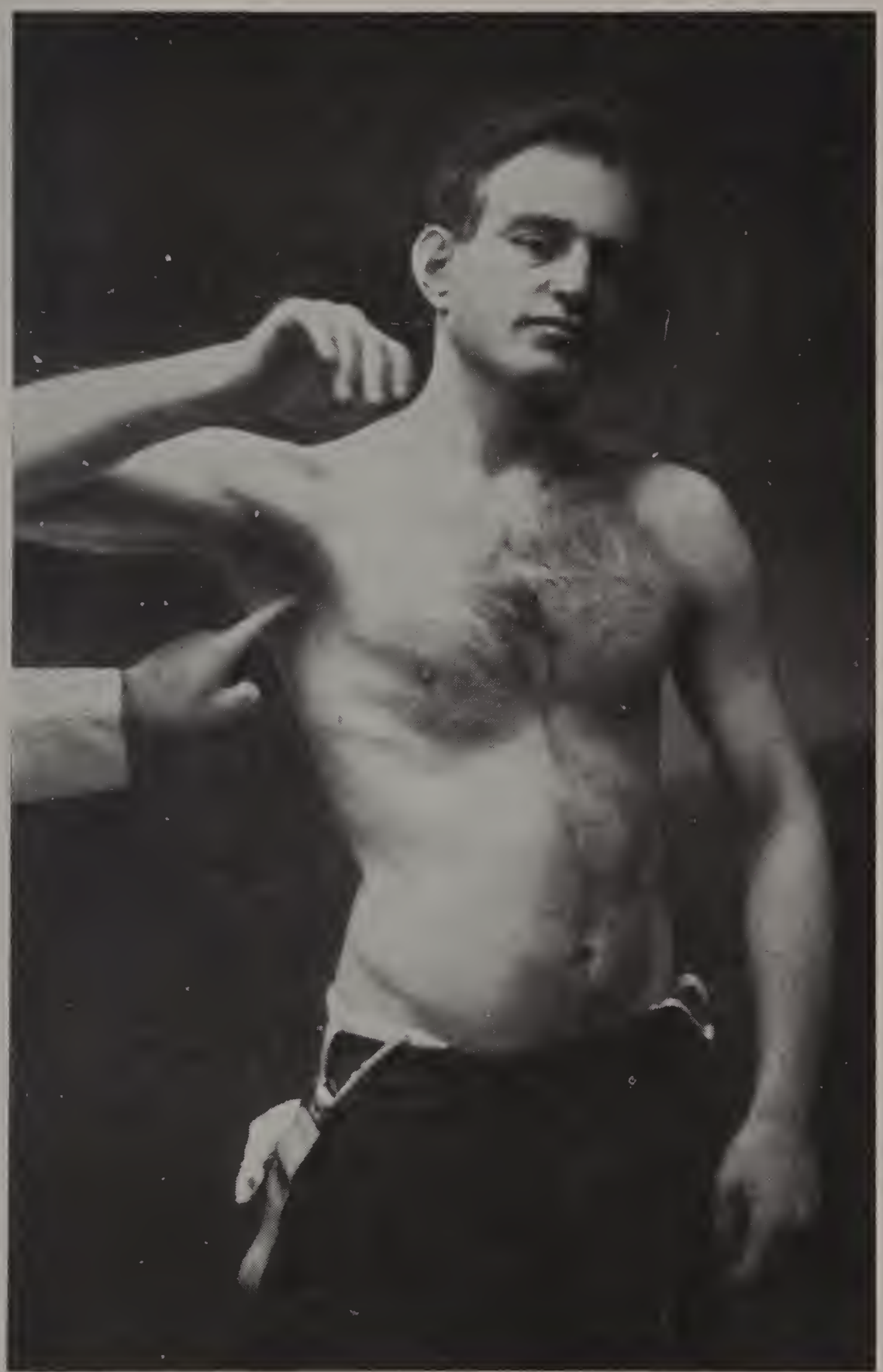


Figure 9.

REDUCTION—

Place fist in axilla, grasp humerus near elbow, hold steady pressure upwards against head of humerus. Fig. 10, while arm is pulled outward and downward.

Figure 10.

SUBCORACOID—

Head of humerus lies below coracoid process of scapula. Fig. 11.

Figure 11.

DIAGNOSIS—

Depression of whole shoulder which is slanted right off and downward with palm of hand turned backward. See Fig. 12.

Figure 12.

REDUCTION—

Place hand upon head of humerus, keeping pressure there during entire operation, other hand grasps wrist; see Fig. 13, carry arm straight out from side of body up to a level with the shoulder, Fig. 14; then rotate the wrist inward and carry arm down to normal position. Fig. 15, compared with Figs. 12 and 13.

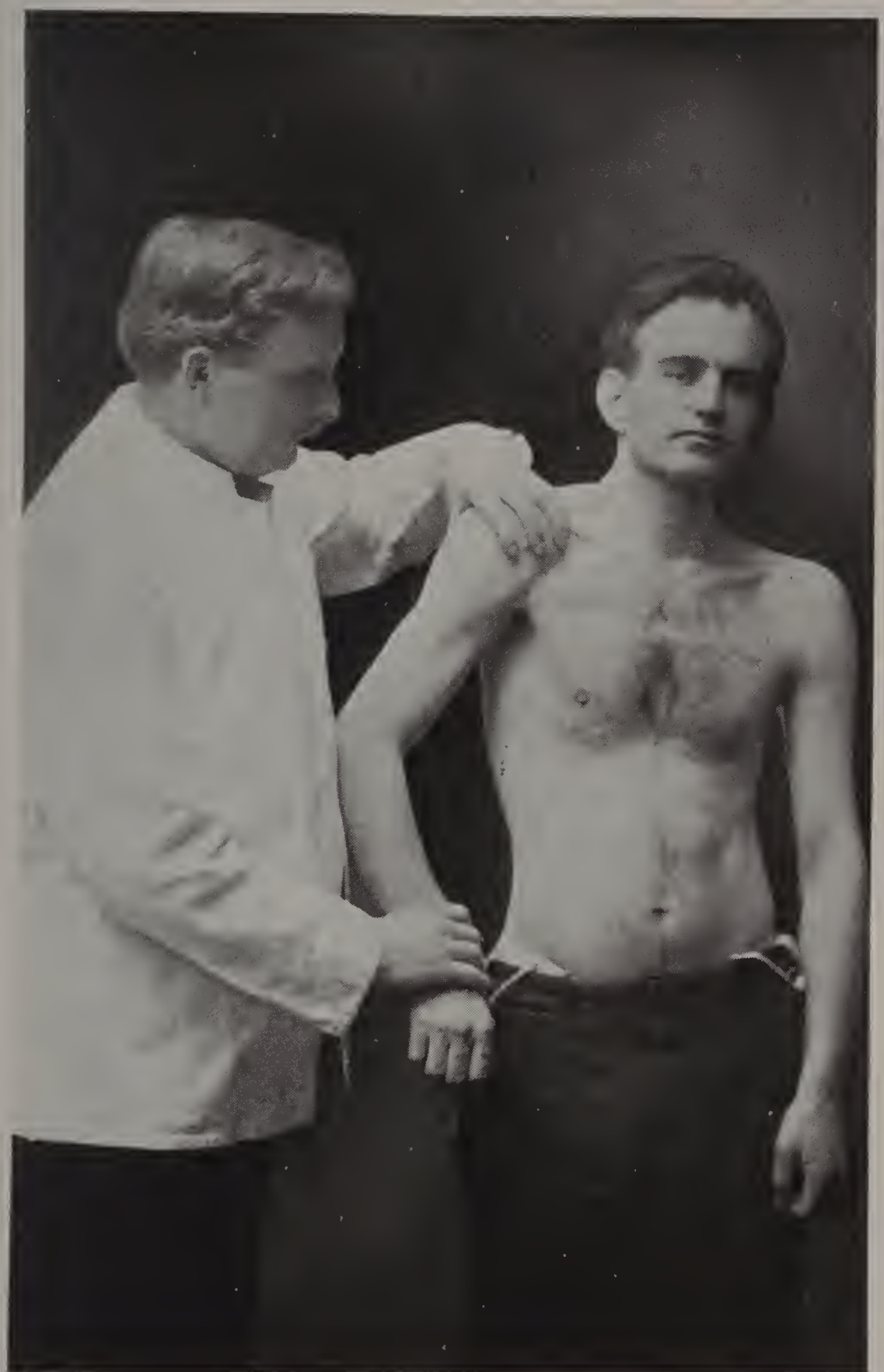


Figure 13.

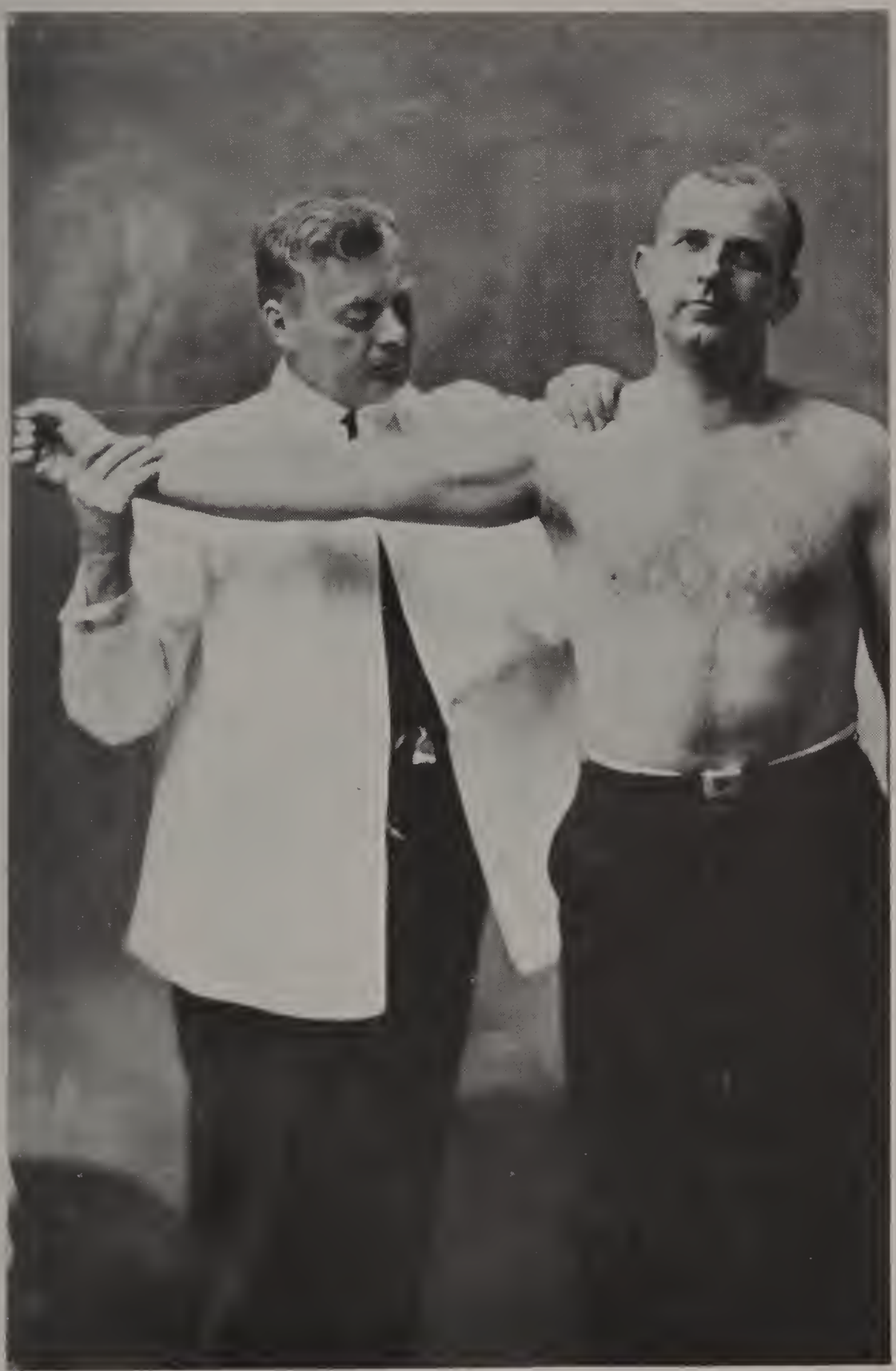


Figure 14.

Figure 15.

SUPERCORACOID—

Head of the humerus lies on the coraco-acromial ligaments. Fig. 16.

Figure 16.

DIAGNOSIS—

Humerus is dislocated so that head is up, elbow pointed, outward. Forearm hangs so that the palm of the hand is inward. Fig. 17.

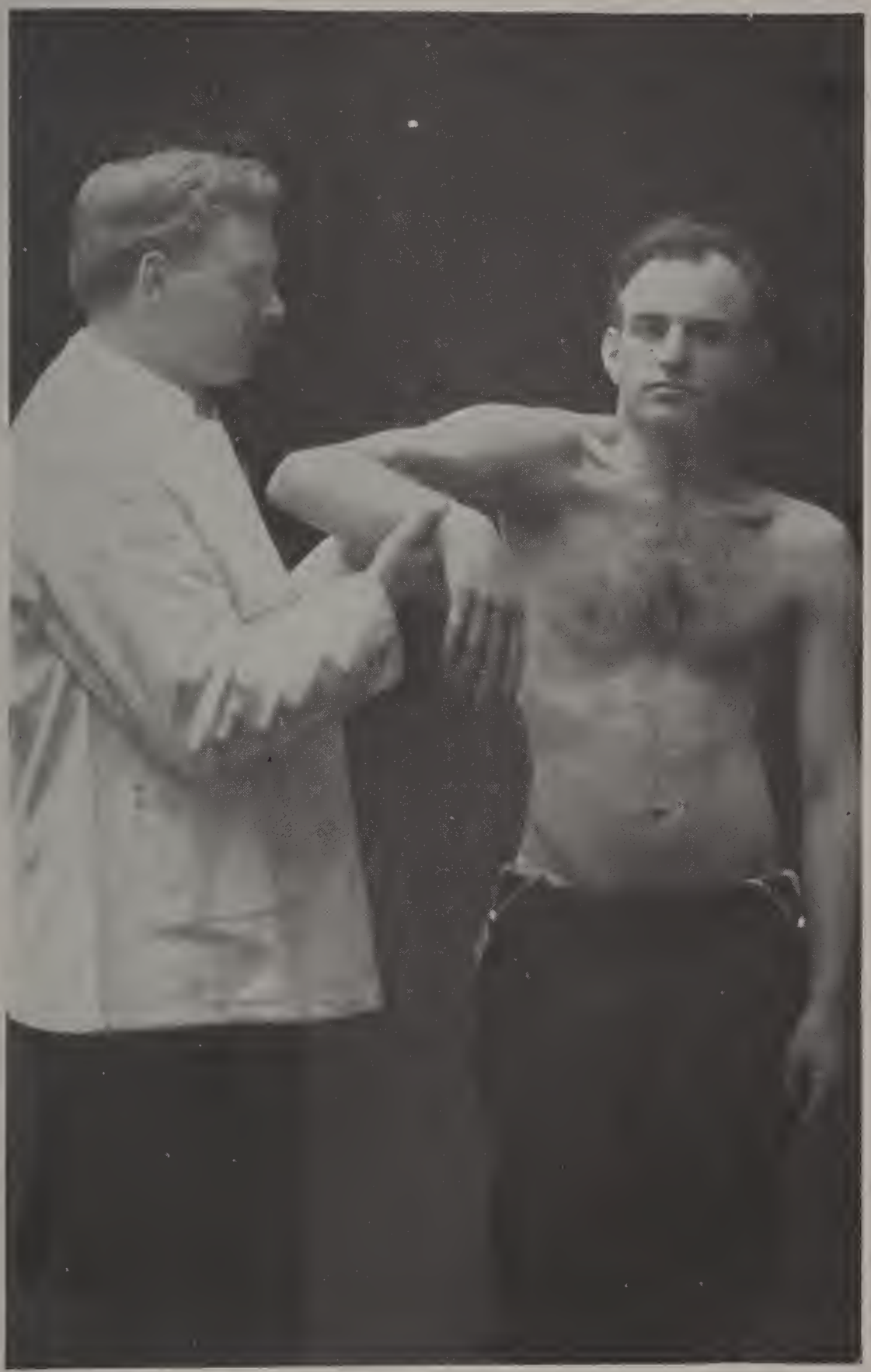


Figure 17.

REDUCTION—

Grasp wrist, other hand placed on neck of humerus, raise elbow to level with shoulder, then carry arm over till elbow is even with nose, (to the median line) Fig. 18; then raise the arm slightly, using forearm for the lever, carrying it slightly over and rotating outward until the head of the humerus snaps into glenoid cavity. Fig. 19.

Figure 18.

Figure 19.

SUBSPINOUS—

A posterior dislocation of the humerus. Figs. 20 and 21.

Figure 20.

DIAGNOSIS—

Scapula is over the spinous process of the vertebra, arm is over the head, wrist rests on top of head so that palm is outward. Figs. 22 and 23.

Figure 21.

Figure 22.

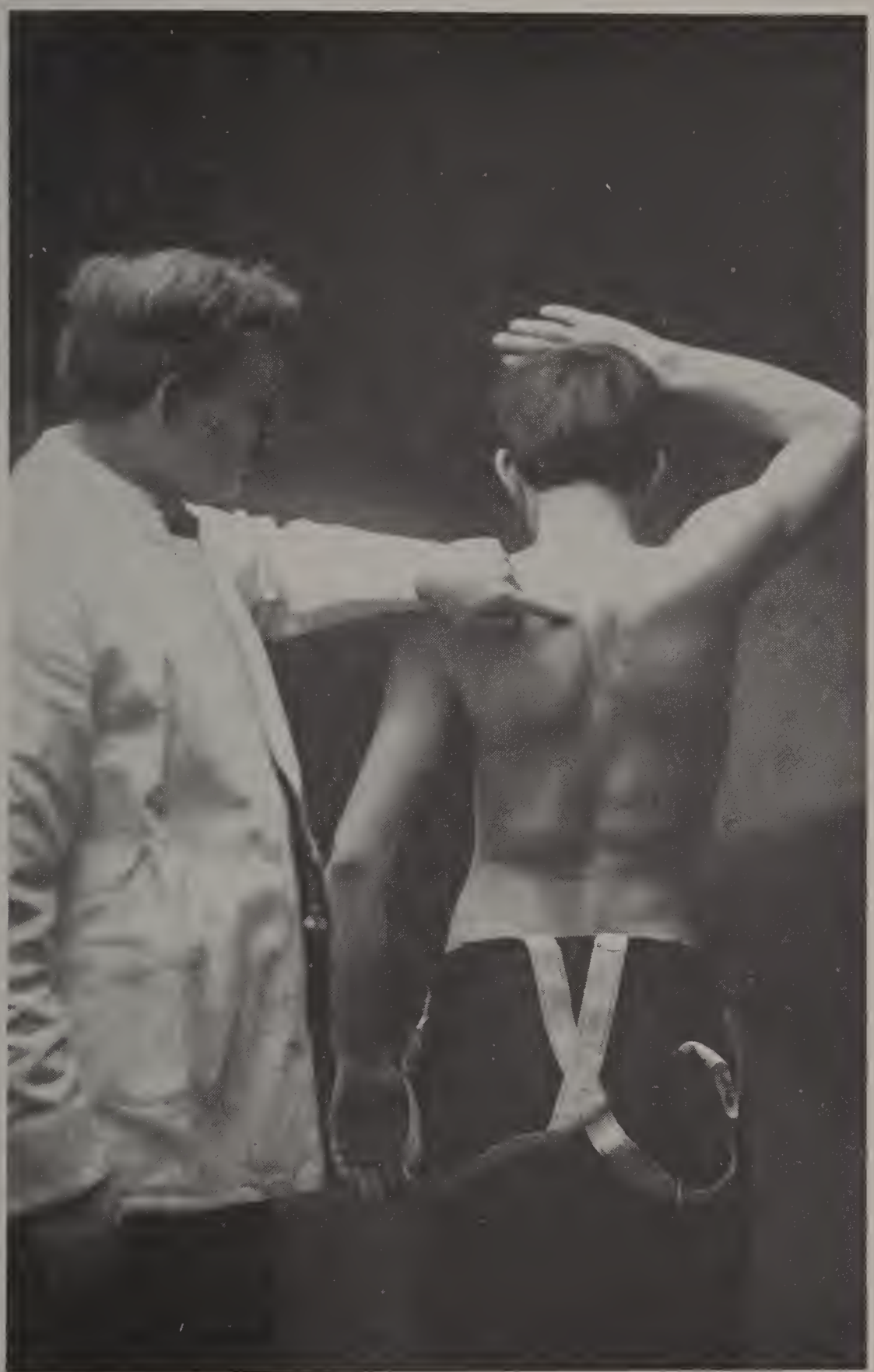


Figure 23.

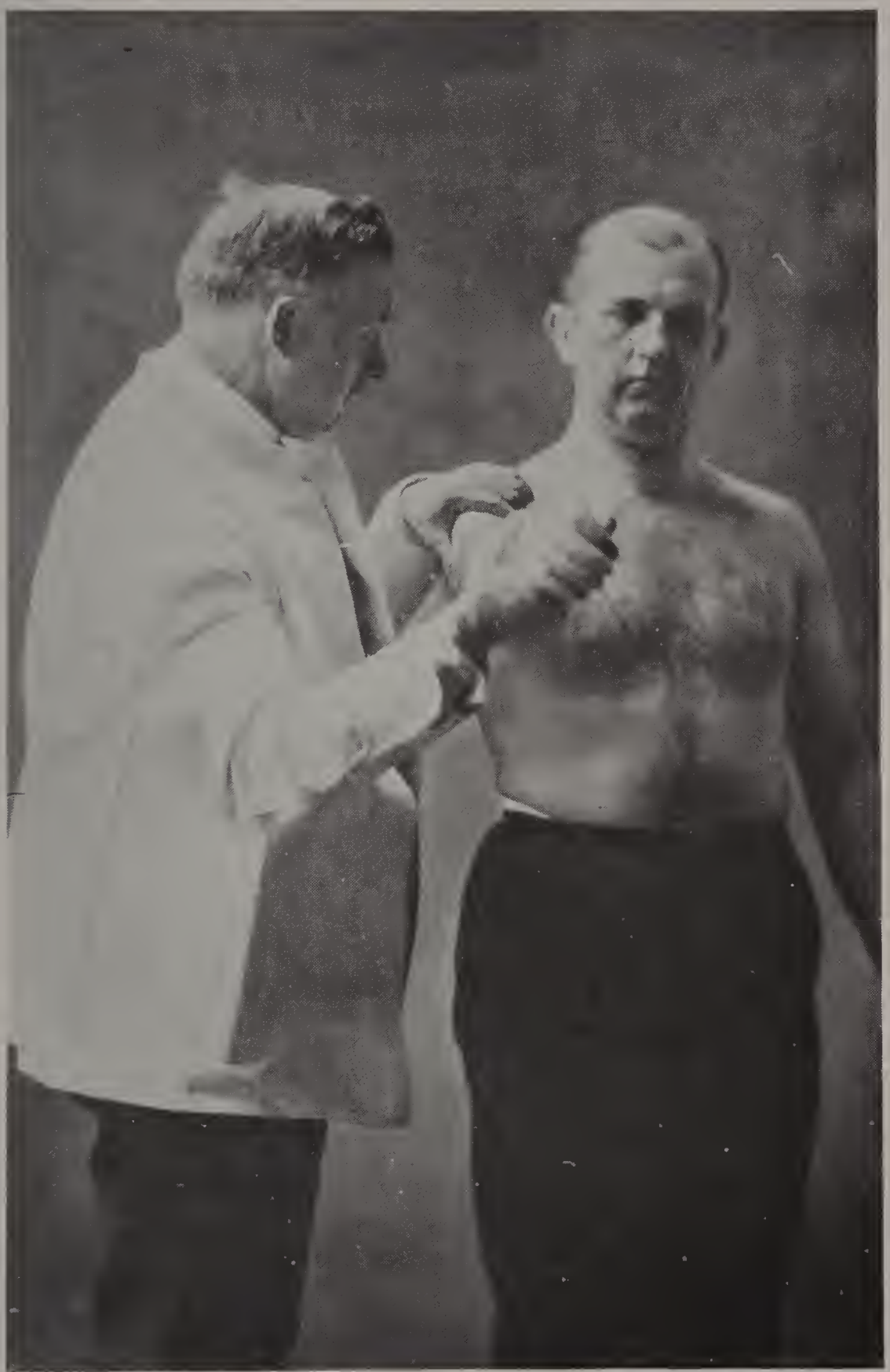
REDUCTION—

Grasp arm at wrist, one hand placed on neck of the shaft of humerus, raise straight up from the shoulder until slight snap, Fig. 24. Then carry down across the face until even with the chin, Fig. 25, then rotate wrist slightly outward, Fig. 26, and adduct, Figs. 27-28, draw away from median line, until head snaps into position. Figs. 29 and 30.

Figure 24.

Figure 25.

Figure 26.



Figures 27-28.

Figure 29.

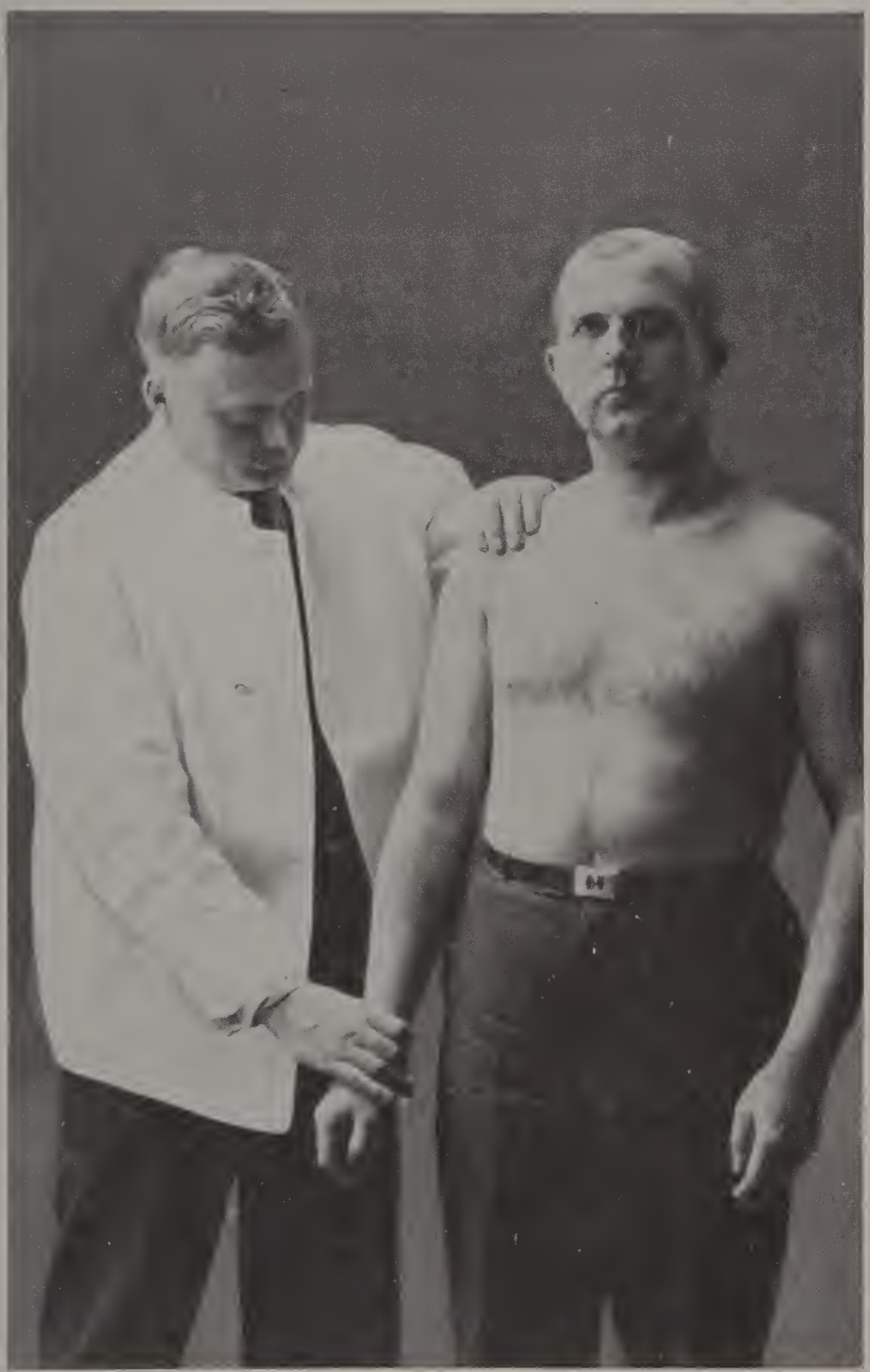


Figure 30.

ANTERIOR HIP—

Head of femur lying in the obturator foramen. Figs. 31 and 32.

Figure 31.

DIAGNOSIS—

Limb lengthened one inch to one and one-half inch and toes turned outward. Fig. 33. Cause: Violent abduction.

Figure 32.

Figure 33.

REDUCTION—

Patient lying on his back on table. Grasp sole of foot with hand, holding heel, raise limb up two inches above toes of opposite foot. Fig. 34. Then turn toes inward until impossible to turn further, carry limb over until knees cross each other, until you feel a sharp snap. Fig. 35. Then turn toes outward slightly. Fig. 36, carrying limb back to normal position, and while patient is held on table give limb straight inferior pull so as to snap into acetabulum. Fig. 37.

Figure 34.

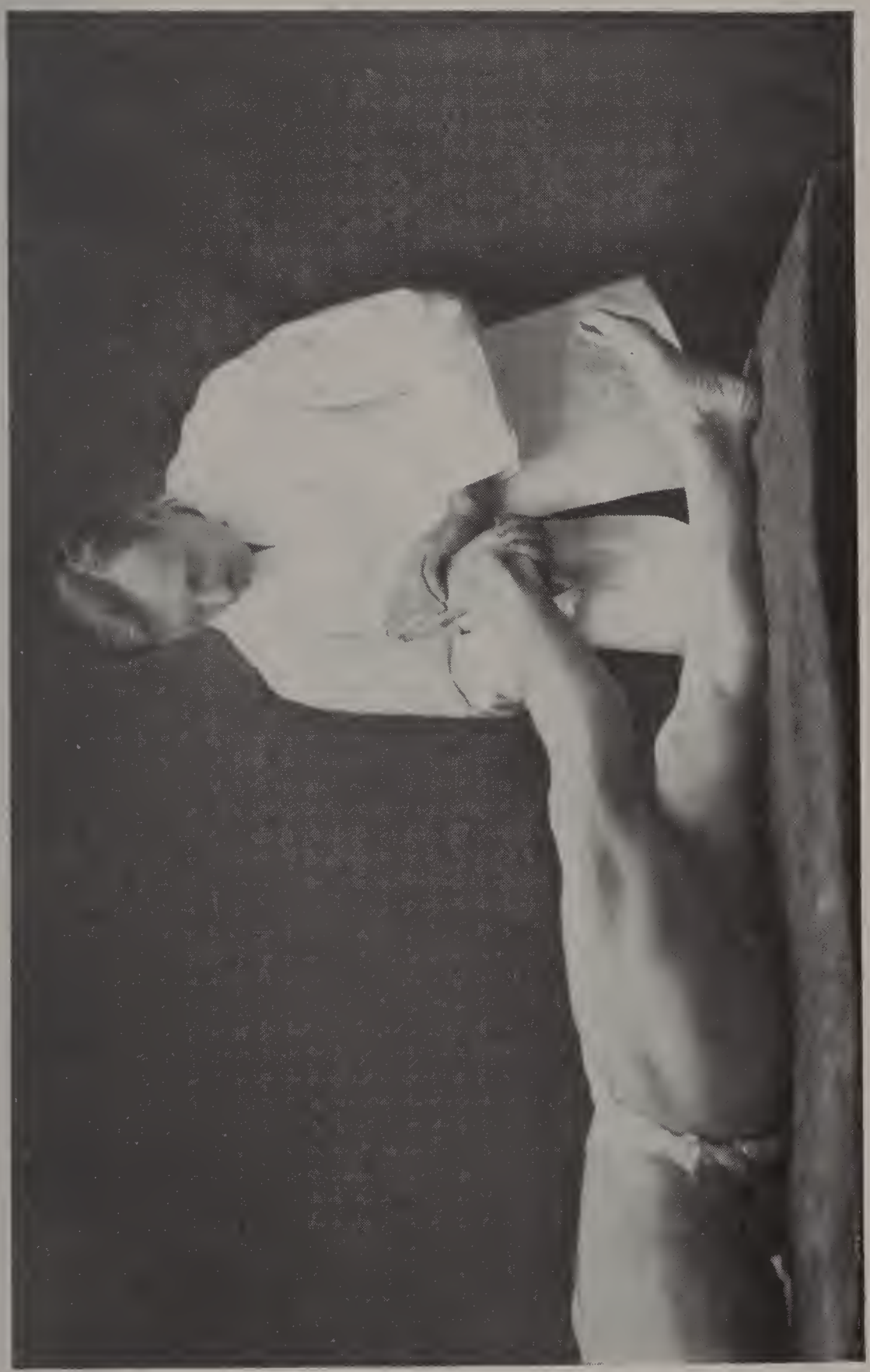


Figure 35.

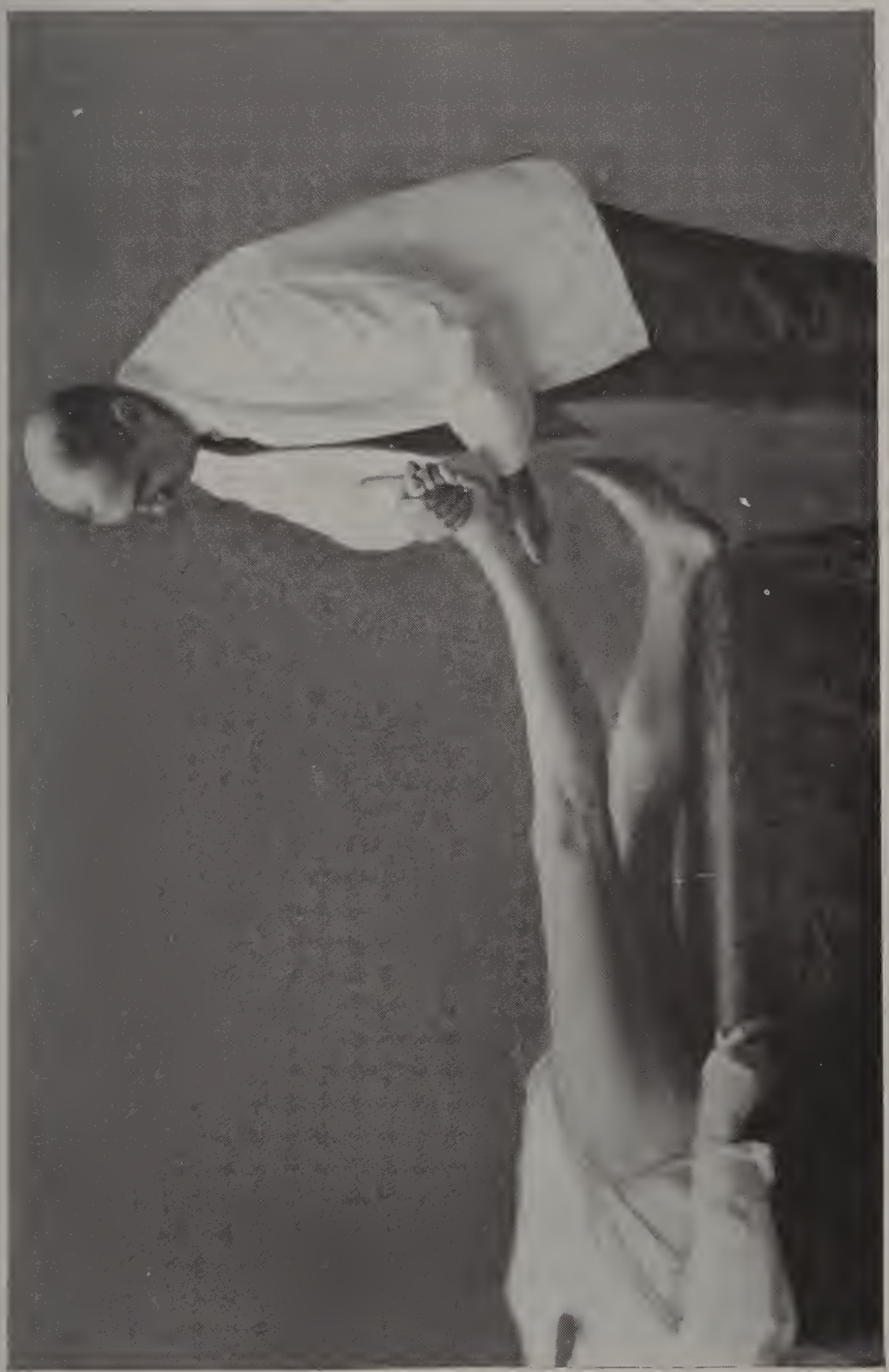


Figure 36.

Figure 37.

POSTERIOR HIP—

Head of femur lying upon dorsum of ilium. This is the most frequent type, comprising 50% of all hip dislocations. It may be produced by a fall or blow when the limb is flexed and abducted, or by a fall upon the knees or feet. Figures 38, 39.

Figure 38.

DIAGNOSIS—

Limb flexed, toes turned on instep of opposite foot and leg is shortened about two inches. Figs. 38 and 39.

Figure 39.

REDUCTION—

Stand on the side of the patient on which the hip is dislocated. Grasp the foot at the ankle, the other hand is placed on and just below the patella. Fig. 40. Flex the limb slowly and carefully until the thigh is in a perpendicular position. Fig. 40. Give it a slight turn inward towards the opposite shoulder, that is, to the median line of the body. Fig. 41. Continue this rotation until the thigh is almost flat on the chest. Then carry the limb outward and downward until the thigh rests on the table. Fig. 42. Then extend the limb back to normal position and head will snap into the acetabulum. Fig. 43. In this photograph Dr. Collins is on the opposite side to give a clear view of same.

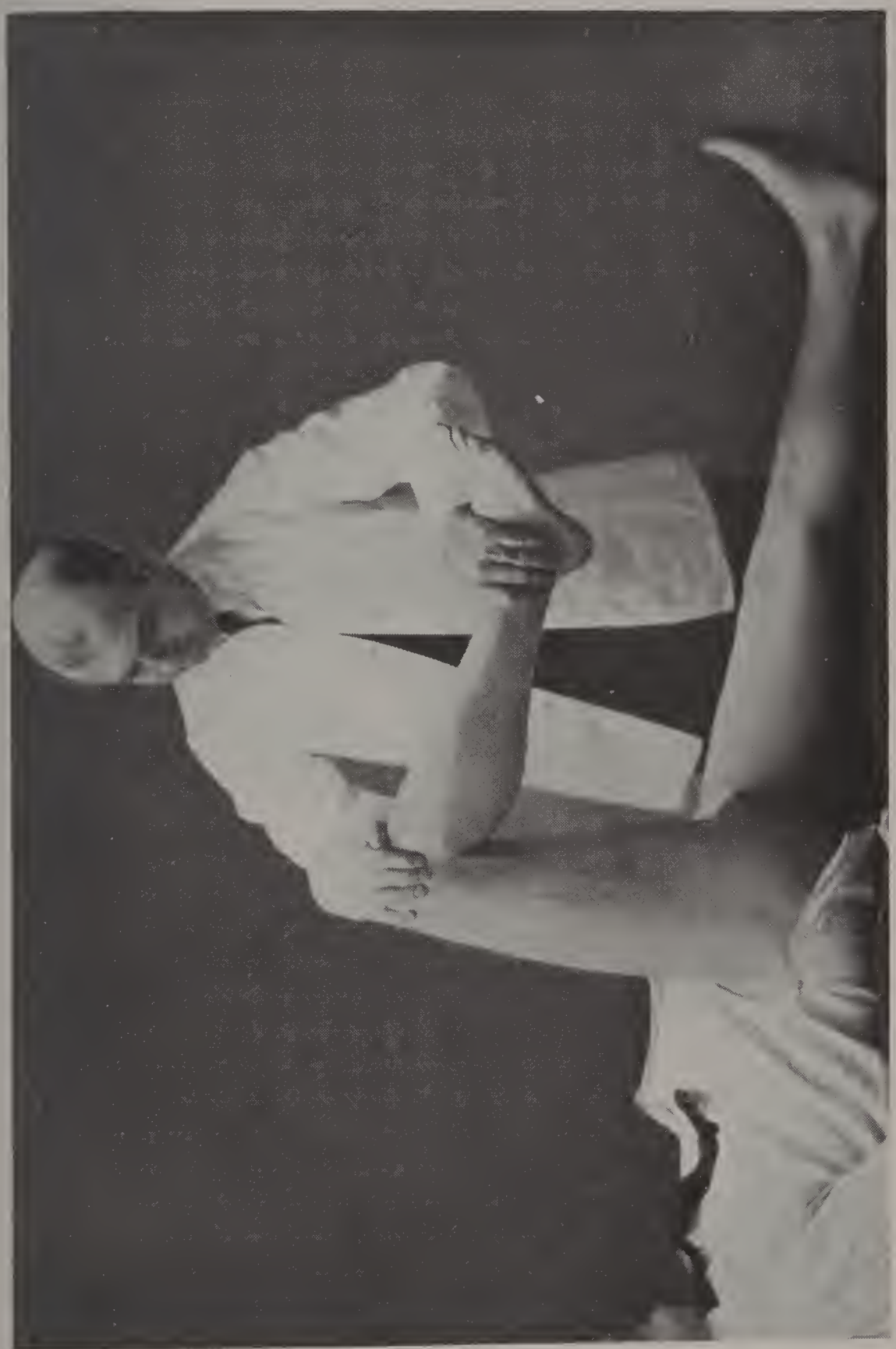


Figure 40.

Figure 41.

Figure 42.

Figure 43.

SCIATIC NOTCH—

Head of femur lying on margin of sciatic notch. Figures 44, 45.

Figure 44.

DIAGNOSIS—

Limb shortened one-half to one inch, muscles and tendons are rigid. Figs. 44, 45, 46.

Figure 45.

NOTE—

In this dislocation of the femur, do not raise limb off table, or ground, as you are liable to fracture neck of femur or sciatic notch.

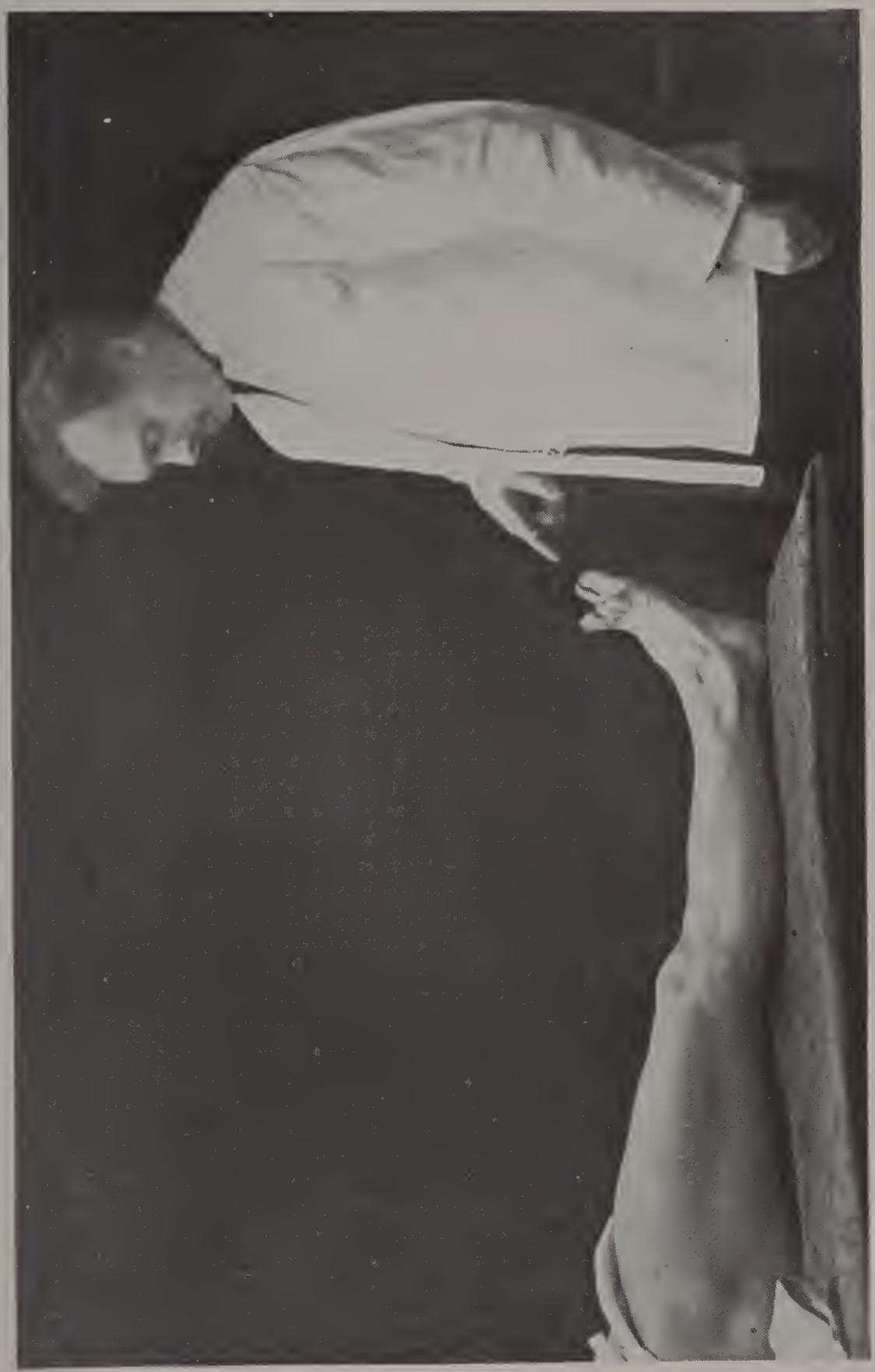


Figure 46.

REDUCTION—

Turn toes slightly outward and carry off table until head snaps into acetabulum. Fig. 47.

Figure 47.

In the Post Graduate Course given by Dr. F. W. Collins at the Riley School of Chiropractic, Washington, D. C., April 2nd to 16th, Dr. E. E. Hosmer, M.D., a regular member of the medical profession, and of the Allied Medical Association of America, stated to the class on the evening of April 14, 1923, that:

"I have taken a great many Medical and Post Graduate Courses, nevertheless I still had a desire to take a course at the Mecca College of Chiropractic, in Newark, N. J. With all due respect to my previous schooling and experience I feel proud to say that I am a graduate of the Mecca College of Chiropractic.

"I want to further say that in the short time I spent in the Mecca College, under that master of teachers, Dr. F. W. Collins, I acquired more knowledge of the removal of the cause of disease than in all of the time I spent in the medical schools I previously attended."

Reprinted from the Roseville Citizen, August 15, 1918

Chiropractor Straightens Crippled Leg

Editor of Leading Swedish Paper in the United States Pays Great Tribute to Work Done at Chiropractic Clinic Conducted in Connection with Amalgamated Chiropractic Colleges (New Jersey College of Chiropractic and American Chiropractic Institute) at 254 West Thirty-fourth Street, New York City.

By Emil Opffer, Editor Northern Light
Translated by Carl E. Bohman

The sun is sinking in the background.

I came galloping up a mountain in the inner of Santo Domingo.

The horse was tired and suddenly stood on his head.

So did I.

My right leg was caught in the stirrup, and I had a feeling as though it had been torn from me when I was thrown to the ground like a floursack.

Then I lay on the forsaken mountain and called so that it echoed from the other mountains, until a couple of natives came and carried me down deep to a palm-bedecked hut in the meadow, but I do not wish to think of my suffering that long, sleepless night.

The next morning I was promised a bearer, and four men from the neighborhood carried me from the place up through the woods. Wayfarers thought me a corpse being transported to the cemetery at Guaraguano, and all gladly put their shoulders to.

The way led through narrow paths and rough places and I was several times nearly dumped off which would not have been good for me. At one place I reached a native hut, where both inside and outside it swarmed with bony pigs, bony dogs, and bony goats, and while the "pall-bearers" rested, I lay on the bier inside the hut. I noticed that a small hand gently stroked my hair and I looked up. It was little delicate Stephano, who once showed me the way when I was lost. In all my suffering I was touched by the lad's silent sympathy.

Then the trip continued to the high King of Palms region, and the bearers carried me directly through the Mao River to the mining camps. For two or three months I lay in the tent without any improvement. The night was one of long suffering. Every morning at sunrise I heard a little bird sing in the Palms outside of my tent. It knew four melodies, but how I was carried off when those tunes sounded, for then the night's suffering was more or less reduced.

Then one beautiful day the natives took me on their shoulders and brought me from the mountains to the low-lands, and rapidly we went, accompanied by my friend, Hjalmar Westingoard, to "an Atlantic Port."

Here in New York I lay at St. Luke's Hospital, and later was examined at one hospital and then another, but the doctors told me "nothing to do."

My leg was and continued to be one inch too short, and with difficulty I went my thorny way through life and up Broadway. Oh, I, who was accustomed to mount Popocatepetl's snow-bedecked tops; I, who like a deer sprang over the mountains of the West Indies; I had now become a slow-moving snail. Yes, my sciatic-suffering friend, Artist Frantz Helving, wrote me from Roosevelt Hospital and called me "Dear Fellow-cripple."

I was deformed beyond recognition—enclosed in that port where hope is excluded.

Then it was that Dr. Scharling Wilson came to our rooms. "Ha," he said, and sent a big puff from his Havana through his nose, "that leg we can surely cure. It is only out of its proper place. Come up to our Chiropractic clinic!"

I called at the Chiropractic clinic on Thirty-fourth Street, near Eighth Avenue. Here sat a blind Dane, Tinsmith Nielson, who eleven years ago fell from a housetop,

and who has been blind for four years. He was adjusted on the spine and immediately felt better—perhaps his sight will be restored! What joy! Then there were other blind, sick and suffering fellow cripples.

My turn came.

I was placed upon the table in full length. My right leg was measured—one inch too short.

Ready———

Dr. F. W. Collins, Dr. Scharling Wilson, and Dr. Otto Th. Kohler treated me in the presence of several male and female physicians. Dr. Collins took hold of my left leg, twisted it around once in the air, as though it were a lifeless horse-leg, swung it to the right, twisted it downward and to the side—it did not exactly feel good—then gave the thrust, and when my leg was placed on the table again, both heels were alike.

The wonder had happened. The bone had again been placed in its socket, from which it was wrenched on my birthday 17 months ago. I was no longer Mr. Helving's fellow-cripple, but a perfect human being. I can again mount Popocatepetl and look down its ice-crowned volcano, 18,000 feet high.

One can understand that I felt like a new and better man, and joy beamed from these brave doctors' eyes.

After having for nearly a year and a half limped around as an imperfect individual, I was made as perfect as St. Peter, heavenly passer, in thirty seconds.

No wonder that I felt deeply grateful to those who changed my condition.

Oh! that my blind friend, Tinsmith Nielson, may have the same fortune! I hope he will. And that triumph I also wish Dr. Collins. Surely he can then point to us and say: "The lame walk and the blind see."

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